

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CARLY FOR PRESIDENT**

**A. Full Name (Last, First, Middle Initial)**

**MR. W. PIERCE BROWNELL**

Mailing Address 1610 TIBURON BLVD. STE. 201

City	State	Zip Code
TIBURON	CA	94920-2554

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SELF-EMPLOYED**

Occupation  
**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

**Transaction ID : SA17.293043**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

250.00

**B. Full Name (Last, First, Middle Initial)**

**MR. JIM M. BURGESS**

Mailing Address 1011 WESTHOLME AVENUE

City	State	Zip Code
LOS ANGELES	CA	90024-3227

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**SHEPPARD, MULLIN, RICHTER & HAMPTON LLP**

Occupation  
**ATTORNEY**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

**Transaction ID : SA17.293113**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

1000.00

**C. Full Name (Last, First, Middle Initial)**

**MR. PRESTON BUTCHER**

Mailing Address 4000 E. THIRD AVE STE 600

City	State	Zip Code
FOSTER CITY	CA	94404-4828

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**LEGACY PARTNERS**

Occupation  
**CHAIRMAN & CEO**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.293073**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		14		2015

**CONTRIBUTION**

Amount of Each Receipt this Period

5400.00

SEE REATTRIBUTION

**Subtotal Of Receipts This Page (optional)**.....

6650.00

**Total This Period (last page this line number only)**.....